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APPLICANTS

John R. Zaleski, West Brandywine, PA;

One *PL*

** CONTINUING DATA *****

This appln claims benefit of 60/453,320 03/10/2003

Yes *PL*

** FOREIGN APPLICATIONS *****

None *PL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/12/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				

Verified and
Acknowledged *Philip J. Burke* *PL*
Examiner's Signature Initials

ADDRESS

Alexander J. Burke
Intellectual Property Department
5th Floor
170 Wood Avenue South
Iselin, NJ08830

TITLE

Healthcare system supporting multiple network connected fluid administration pumps

FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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